

Conclusion: Eastern Europe in Global Health History

On 5 March 1946, Winston Churchill delivered his famous Fulton speech where he described an ‘Iron Curtain’ descending across the continent from Stettin in the Baltic to Trieste in the Adriatic. The term ‘Iron Curtain’ soon became both a powerful symbol and a structural concept in understanding post-war realities. Five years later, in a lesser-known speech at the House of Commons, Churchill further elaborated on the unfolding Cold War. In a parliamentary debate on exports to China, speaking as the MP for Woodford, his words revealed the relationship with the communist East as the following:

I could see no reason why, if we had diplomatic relations with Communist Russia, Communist Poland and other countries inside the Iron Curtain, we could not have them with China. Recognition does not mean approval. One has to recognise and deal with all sorts of things in this world as they come along. After all, vaccination is undoubtedly a definite recognition of smallpox. Certainly I think that it would be very foolish, in ordinary circumstances, not to keep necessary contacts with countries with whom one is not at war.¹

Churchill’s vaccine reference may seem out of context in a speech on trade and diplomatic relations. However, as this book has shown, ideology, vaccines, disease and cross-camp relations were inextricably linked during the Cold War. These pervasive metaphors framed the era in terms of ‘containment’ and ‘infection’, and were often mobilised when framing diplomatic and economic relations between the West and the communist East. By recognising the communist disease, Churchill hoped to develop tools that that could help curb its spread.

Churchill did not need to elaborate on his shorthand. By 1951 it was clear to all what he meant by mentioning disease and vaccine and what they meant for Cold War relations. The Eastern European story of polio shows how these concepts and policies became linked in other ways later in the decade. At that point, illness and remedy, containment and cure were no longer fixed in the

¹ Thanks are due to Gareth Millward, who pointed out this passage to me. Winston Churchill, ‘House of Commons Debate 10 May: Exports to China’ (London: HANSARD 1803–2005, 1951), 2157.

dominating metaphorical plane but had very real effects on Cold War relations and were largely translated into technologies that opened and closed holes in the Iron Curtain. The experience of a disease that affected both sides created relations of a different quality: the understanding and recognition of polio, and the development of vaccines that could contain its spread, had to be worked out on common grounds, in collaboration between East and West.

Polio also turned Churchill's assessment on its head: approval could work without recognition. In the late 1950s the Hungarian Kádár government was struggling to gain political and diplomatic recognition on the international political stage. Coming to power on the back of Soviet tanks, the new Hungarian government was persona non grata in the eyes of Western Europe and the United States. At the same time, the Hungarian state methods of epidemic control gained global approval and its researchers' expertise was not only highly rated but also sought after across blocs, through scientific collaboration.

It can now be considered a truism that Eastern European perspectives tell a very different story from conventional understandings of Cold War politics and interactions. Since the 1990s, social historians have been at the helm of breaking down entrenched Western-centric concepts in historiography, exploring the diversity of the political, social and cultural landscape of the region and pointing to interactions, negotiations and achievements within and without the Soviet Bloc. More recently historians such as Jessica Reinisch, Celia Donert and Young-Sun Hong have argued for the importance of including an Eastern European viewpoint in histories of internationalism and humanitarianism.² While Cold War Eastern European history in a global perspective is a field that has seen rapid growth in the past decades, the history of medicine and global public health has been slow to recognise its contributions, even as anthropologists like Adriana Petryna and Erin Koch have elucidated the centrality of the region for an understanding of contemporary global health.³

The Hungarian history of polio offers a vital missing context from current histories of global health, which are mainly predicated on colonial and post-colonial contexts and the histories of international institutions such as the

² Jessica Reinisch, *The Perils of Peace: The Public Health Crisis in Occupied Germany* (Oxford: Oxford University Press, 2013); "'Auntie UNRRA' at the Crossroads', *Past and Present* 218, no. Suppl 8 (2013): 70–97; Young-Sun Hong, *Cold War Germany, the Third World, and the Global Humanitarian Regime*, *Human Rights in History* (New York: Cambridge University Press, 2015); Celia Donert, 'Whose Utopia? Gender, Ideology and Human Rights at the 1975 World Congress of Women in East Berlin', in *The Breakthrough: Human Rights in the 1970s*, ed. Jan Eckel and Samuel Moyn (Philadelphia: University of Pennsylvania Press, 2014), 68–87.

³ Adriana Petryna, *When Experiments Travel* (Princeton and Oxford: Princeton University Press, 2009); Erin Koch, *Free Market Tuberculosis: Managing Epidemics in Post-Soviet Georgia* (Nashville, Tenn.: Vanderbilt University Press, 2013).

Rockefeller Foundation or the World Health Organisation. This is as much of a history of everyday health management as a history of leading figures and powerful organisations. Katalin Parádi's encounters with polio over a decade encapsulate the significance of the Eastern European context in global health history by using the lens of polio epidemics to understand the global Cold War politics of epidemic management from a Hungarian perspective. This is a history of epidemic geopolitics lived on the ground in a country fully involved in the political and military conflict of the early Cold War era. Global, national and local polio politics were pinned down in daily bodily experiences, prevention strategies and international cooperation initiatives. At the same time these politics were also contested, negotiated and resisted in complex, entangled networks of power at local, national and global levels.

With its Eastern European focus, its ever-shifting scales and explorations of expert and local knowledge, this book has offered tools to address current historiographical challenges in global history more broadly⁴ and in the history of medicine particularly. Among them, registers of historical analysis, the often-problematic role of the state in health, and the relationship between local and global sciences have been identified by Susan Gross Solomon, Lion Murard and Patrick Zylberman in their collection *Shifting Boundaries of Public Health* as particularly central to understanding public health.⁵ In the Hungarian history of polio, the management of epidemic crises, followed by the abandonment of disabled polio victims, has revealed the ways in which responsibility was imagined, enforced and negotiated between citizens and the state; evaluation and the failure of the Salk vaccine alluded to the negotiation of sciences of the local and global; while polio treatment and access to respiratory technology highlighted the porousness of individual, national and global levels of experience and their historical study. Moreover, this analysis has explored the politics, practices and knowledge production in public health by placing an alternative political system, namely the communist state and its place in global public health, under scrutiny.

The book has shifted attention away from the two superpowers to a site that is usually considered peripheral to global politics. This strategy has exposed how medical knowledge and technology circulated in the Cold War.

⁴ See Sarah Hodges, 'The Global Menace', *Social History of Medicine* 25, no. 3 (2012): 719–28; Warwick Anderson, 'Making Global Health History: The Postcolonial Worldliness of Biomedicine', *ibid.* 27, no. 2 (2014): 372–84; Mark Harrison, 'Positioning Paper', *Bulletin of the History of Medicine* 89, no. 4 (2016): 639–89; Sebouh David Aslanian et al., 'AHR Conversation: How Size Matters: The Question of Scale in History', *American Historical Review* 118, no. 5 (2013): 1432–71.

⁵ Susan Gross Solomon, Lion Murard, and Patrick Zylberman, *Shifting Boundaries of Public Health: Europe in the Twentieth Century*, Rochester Studies in Medical History (Rochester, NY: University of Rochester Press, 2008).

Cooperation was present where animosity would be expected, and continuities replaced conventional watersheds. Thus, the book has contributed an understanding of what the Cold War was, among whom it was 'fought' and the ways in which it did and did not affect public health policies, research and medical treatment. Furthermore, it has explored the ways in which it was possible to operate outside the framework of the Cold War through medical practice and scientific research and the Cold War frameworks that permeated seemingly neutral spaces.

An Eastern European perspective in this work has offered a viewpoint that pierces conventional histories of internationalism in public health and medicine.⁶ First, the history of polio in Hungary highlights the importance of alternative internationalisms to the hegemonic liberal model. During the country's years of absence from the World Health Organisation, Hungarian virologists, doctors, public health officials and even parents successfully drew on international resources and actively participated in the global exchange of medical equipment, specimens and treatment regimens. Some of these professional networks and practices of scientific internationalism did not map onto liberal internationalism. Rather, it was organisations such as the WHO that built policies and mapped them onto existing professional networks, such as the case of Dorothy Horstmann's visit to the Soviet Union. Moreover, a particular socialist internationalism within the Eastern Bloc and between Eastern Europe and Latin America played a crucial role in the emergence of a globally adopted vaccine and immunisation practice.⁷ As Cold War concepts have been persistent in shaping historical narratives of the era to this day, much of this history has become invisible and can only be uncovered when viewed from within the socialist framework.

Going beyond an analysis of the leadership and expert personnel of international agencies, and examining them from below, has been crucial in understanding the diverse ways in which international health organisations work and interact with local and national (or colonial) realities.⁸ The focus on an Eastern European country has opened up new interpretations of the ways in which organisations such as the WHO and the Red Cross worked. The Hungarian history of a global disease has challenged the common view of

⁶ For more on this approach in the history of internationalism more broadly, see Ana Antic, Johanna Conterio, and Dora Vargha, 'Beyond Liberal Internationalism', *Contemporary European History* 25, no. 2 (2016): 359–71.

⁷ On socialist internationalism, see Rachel Applebaum, 'The Friendship Project: Socialist Internationalism in the Soviet Union and Czechoslovakia in the 1950s and 1960s', *Slavic Review* 74, no. 3 (2015): 484–507; Tobias Rupprecht, *Soviet Internationalism after Stalin: Interaction and Exchange between the USSR and Latin America during the Cold War* (Cambridge: Cambridge University Press, 2015).

⁸ Sanjoy Bhattacharya, 'International Health and the Limits of Its Global Influence: Bhutan and the Worldwide Smallpox Eradication Programme', *Medical History* 57, no. 4 (2013): 461–86.

the WHO as merely a site where Cold War politics played out and has shown not only the effect of international agendas on individuals, but also the ways in which local experiences and national policies fed back into international practices, shaping and informing each other in the process. Similarly, the intervention of the Red Cross in Cold War affairs is seen in a new light when we look at the role of individuals in securing aid through transnational familial and lay networks when the international organisation was slow to act.

Geographically and conceptually de-centring narratives of internationalism and global public health, especially ones tied to the Cold War, is, therefore, crucial for a nuanced understanding of the long-term trajectories of this formative era. More particularly, this book has added a new dimension to the history of polio, in which the dominant American narrative of the rivalry between Salk and Sabin has come under scrutiny. This story is most often told through prominent figures, such as President Franklin D. Roosevelt, Jonas Salk, Albert B. Sabin or Sister Kenny, and these histories' geographical focus is usually the United States. However, if we look to histories of polio in seemingly marginal places and through actors with lower profiles, a new story emerges, one that is crucial to understanding the roots of global polio eradication programmes. The well-known story of whom we can credit for the success of polio prevention was worked out in a politically fraught way. The choices of the Salk and Sabin vaccines and their development, standardisation and implementation have revealed a process that amalgamated scientific competition with geopolitical concerns.

Equally important to understanding Eastern Europe's role in global public health is to consider what issues of healthcare and epidemic management tell us about Eastern European states themselves. Polio in Hungary has revealed an Eastern European history of medicine rich in innovation, intensive scientific exchange and political experiments in healthcare. Hungarian virologists and physicians utilised their old network in the West and their new one in the East in similar ways in order to meet the local and national needs of disease prevention and treatment. Shortage, an everyday experience for those living behind the Iron Curtain, spurred technological innovation within the field of respiratory medicine, and when paired with global scarcity, integrated countries from both sides into an international network of medical emergency aid.

It was also through the meeting of local and global scarcity that the flexibility of the Hungarian communist government became visible. Negotiating access to the new Salk vaccine revealed the inner workings of state socialist public health management, diplomacy and trade, and the surprisingly diverse ways in which an otherwise stern, post-revolutionary government reacted to epidemic challenges. Embracing the international cooperation of the Catholic Church, openly acknowledging and utilising family ties with

dissident emigrants and deliberating over applying or removing Cold War tools in the vaccine diplomacy with the United States all expose a more complex, pragmatic and less ideology-driven governance than Cold War narratives usually allow.

Zooming in from the national to the individual experience, a focus on polio in Hungary has allowed me to link the intimate world of families with national and international agendas through the care for disabled children with polio. I have shown children challenging ideological concepts in their decisions about their bodies in treatment; parents seeking holes in the Iron Curtain to procure cutting-edge medical technology for their children; and parental responsibilities over children's care fluctuating between the state and individuals.

The individual experience of the disease, when considered together with national policies and international practices, then, points to global questions about who is responsible for people's health, the limits of that responsibility and the part that states, international agencies and individuals should play in protecting health and treating disease.

These issues of responsibility in health – international and national, collective and individual – created flashpoints in the postwar decades and have continued to do so long after the Cold War ended. An era built on ideological division and marked by pervasive stereotypes on both side of the Iron Curtain, the Cold War left the heritage of a lexicon that frames political understandings of responsibilities, expectations and fears relating to health and disease. But these flashpoints have also worked in other ways. Many of the critical moments and processes described in this book have shaped and contributed to how global public health problems are governed, how contemporary states organize their healthcare policies and how medical research is conducted.

The conceptual, methodological and geographical shifts that Eastern European histories of health and disease demand go beyond original historiographical interventions such as new approaches to Cold War history, the history of internationalism and the modern history of medicine. Critically assessing contagion, vaccines and political relations in their practical and rhetorical significance opens the possibility of a symmetrical analysis that takes seriously the intersection between ideology, politics and medicine on both sides of the Cold War. Moreover, Eastern European perspectives, such as the Hungarian history of polio, highlight the long-term impact that fleeting geopolitical concerns can have on personal lives, national epidemic management strategies and global health agendas.